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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/691,053	10/19/2000	Zvia Agur	Q60688	5359

TITLE OF INVENTION: SYSTEM AND METHODS FOR OPTIMIZED DRUG DELIVERY AND PROGRESSION OF DISEASED AND NORMAL CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	Ε	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$0	\$665	12/09/2004
EXAM	MINER	ART UNIT	Γ	CLASS-SUBCLASS		•
MORAN, N	1ARJORIE A	1631		703-011000	•	*
CFR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI	ntion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B	Correspondence ation form e of a Customer E PRINTED ON Th	(1) the na or agents (2) the nar registered 2 registered listed, no of the PATENT	nting on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the name to patent attorneys or agents. If name will be printed.  T (print or type)  Dear on the patent. If an assign for filing an assignment.	at attorneys a member a les of up to no name is  1 SUGH 2 PLLC	RUE MION,
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a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See	3 <b>7</b> CFR 1.27. [		cant is no longer claiming SMA		
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